

RUPTURED ABDOMINAL AORTIC ANEURYSMS

trary to some reports, advanced age is not per se a deterrent to achieving survival in this group of patients.²¹ Certain technical factors contribute to survival as described above. Early use of tracheostomy and hemodialysis can lead to improved survival if postoperative respiratory insufficiency or renal failure has developed.

The ratio of ruptured to unruptured abdominal aortic aneurysms is still too high in our experience and reflects a reluctance on the part of some physicians to recommend elective surgical operation for patients with an abdominal aortic aneurysm. Since the combined operative mortality and late graft failure rate with elective aneurysmectomy is under 5 percent, all abdominal aortic aneurysms with few exceptions should be surgically treated before rupture occurs.

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Medical Treatment of Duodenal Ulcer

... By taking antacid one and three hours after a meal (if the patient will take the medicine), gastric acidity is maintained at low level for some three to four hours after a meal. I must emphasize, though, that while this is possible to do in a hospital, it is difficult with patients when they return home. Generally speaking, patients do not take antacids when they are prescribed to them over long periods. Some data: Roth and Burger in 1960 studied patients in hospital who had antacids prescribed for them (generally the amount of antacid ordered was eight ounces per day); when they analyzed how much was taken by the patient, it was only about 3½ ounces per day, or about 42 percent of that which was prescribed. This was in a hospital and if that happens in a hospital, I am sure it is much worse at home. I want to emphasize, however, that I think with the proper kind of doctor-patient relationship and with proper instruction and emphasis to the patient, we can do much better than that, but this remains to be proved.

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